


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 272924
1. Entity Name
GULFPORT GUARANTY & FIDELITY CORPORATION



Principal Place of Business Mailing Address
PO BOX 012949 PO BOX 012949
MIAMI, FL 33101-2494 US MIAMI, FL 33101 US

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1100427 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

CROGAN, KATHLEEN
100 S. BISCAYNE BLVD
STE 1100
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

UD00000344832
04/30/05-80012-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | SVD |
| NAME | CROGAN, KATHLEEN |
| STREET ADDRESS | 100 S. BISCAYNE BLVD., # 1100 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | PD |
| NAME | HOLLO, TIBOR |
| STREET ADDRESS | 100 S. BISCAYNE BLVD., # 1100 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | VP |
| NAME | HOLLO, WAYNE R |
| STREET ADDRESS | 100 S. BISCAYNE BLVD |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #